STATE OF MARYLAND 79-09480 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR AA IDOLE LAST 1. DECEASED NAME 20. DATE OF DEATH 2b HOUR (TYPE OF PRINT) April 10, 1979 Albert Charles 8:30P K 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF LINDER 24 HRS MONTH YEAR White Male Nov. 19. 1904 74 IN BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY Maryland USA Carroll County WIDOWEDE I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 380 K5 Derflinger Road Ret - Plumber Local Mount Airy DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
138. COUNTY
139. CITY OR TOWN 380 K5 Derflinger Rd. 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Carroll Mt. Airv Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Kilian MIDDLE MIDDLE Albert Lillian McGreavy Airy Ma Ma Ma 160 WAS DECEASED EVER IN U.S. ARMED FORCEST 16b SOCIAL SECURITY NO. 17 INFORMANT Mt. 21771 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-10-5728 Josephine Albert 380 K5 Derflinger Yes WW 11 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY neumonia IMMEDIATE CAUSE 10 AS A CONSEQUENCE OF luna arcinoma Conditions, if any, which gove rise to immediate couse (0), storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 2 IN CERTIFYING CAUSES OF DEATH? NO X YES F NO [and Mental Hyan 21a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on _ Dec 24 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should be with the S Rotunda Mall Suite 400 Dr. Marshall Levine 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY - PANARE 4/13/1979 Druid Ridge Pikesville Balto 44. FUNERAL DIRECTOR Loring Byers Funeral Directors PAREC'D. BY REGISTRAR 1316 FE DHMH - 16 50M 1/76 (VR A 15 (4)) 8728 Liberty Rd. Randallstown, Md. 21133 APR

70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. 10. CITY OR TOWN OF DEATH Westminister USUAL RESIDENCE (# IN NURSING HOME OR C 130. STATE Md. 14. FATHER'S NAME	MEDIC ME LES DATE OF BIRTH MONTH DAY NOV. 7 19 B. CITIZEN OF WHAT U.S.A. I. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 186 W. Mai	AL, NURSING HOME,	Vard ARS IF UNDI MONTHS	BIGGUS DER I YR. HE UNDE	20. DATE KNOOP ES DEATH MA' R 24 HRS. 24. DATE PRONOUNCED DEAD 9 BALTIMORE	MONTH	D 9 4 8 DAY YEAR 21 B 1979 DAY YEAR 2
1. DECEASED NAME (TYPE OR PRINT) 2. CHART 3. SEX 4. RACE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md 10. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF IN NURSING HOME OR C. 130. STATE 130. STATE 14. FATHER'S NAME FIRST	I.E.S. DATE OF BIRTH MONTH DAY NOV. 7 19 B. CITIZEN OF WHAT II. NAME OF HOSPITT III. NOW FACILITY 186 W. Mai	PODE PODE PODE PODE 6. AGE (IN YEAR 937 41 YR: COUNTRY?	vard ARS IF UNDI MONTHS 8. MARRIED	BIGGUS DER I YR. IF UNDE DAYS HOURS	20. DATE KNO OF ES' DEATH MA' R 24 HRS. 21. DATE PRONOUNCED DEAD 9 BALTIMORE	TED 4	B 1979
(TYPE OR PRINT) 3. SEX male 70. BIRTHPLACE (STATE OR FOREION COUNTRY) Md. 10. CITY OR TOWN OF DEATH Westminister USUAL RESIDENCE (IF IN NURSING HOME OR COUNTRY) Md. 14. FATHER'S NAME FRST	I.E.S. DATE OF BIRTH MONTH DAY NOV. 7 19 B. CITIZEN OF WHAT II. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 186 W. Mai	YEAR 16. AGE (IN YEAR 1937 41 YR: COUNTRY?	vard ARS IF UNDI MONTHS RS	BIGGUS DER I YR. IF UNDE DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCED DEAD 9 BALTIMORE	TED 4	13 1979
3. SEX male black 70 BIRTHPLACE (STATE OR FOREICH COUNTRY) Md 10. CITY OR TOWN OF DEATH Westminister USUAL RESIDENCE (IF IN NURSING HOME OR C 130. STATE Md Garro 14. FATHER'S NAME FRST	DATE OF BIRTH MONTH DAY NOV. 7 19 B. CITIZEN OF WHAT II. NAME OF HOSPITA III. NAME OF HOSPITA III. NOW HOSPITA III. NOW HOSPITA III. NAME OF MAIL 186 W. Mai	VEAR 6. AGE (IN YEAR LAST BIRTHDAY) 937 41 YRS COUNTRY?	ARS IF UNDI MONTHS RS. MARRIED	DER 1 YR. IF UNDE DAYS HOURS	R 24 HRS. 21. DATE PRONOUNCED DEAD 9 BALTIMORE	MONTH	
male black 1 70. BIRTHPLACE (STATE OR FOREION COUNTRY) Md. 10. CITY OR TOWN OF DEATH Westminister USUAL RESIDENCE (IF IN NURSING HOME OR C 130. STATE 13b. COUNTY Md. 14. FATHER'S NAME FRST	Nov. 7 19 b. CITIZEN OF WHAT U.S.A. II. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 186 W. Mai	937 41 YRS	MARRIED	DAYS HOURS	PRONOUNCED DEAD)	DAY YEAR
70. BIRTHPLACE (STATE OR FOREICN COUNTRY) Md. 10. CITY OR TOWN OF DEATH Westminister USUAL RESIDENCE (IF IN NURSING HOMEOR C) 136. STATE Md. Carro 14. FATHER'S NAME FIRST	U.S.A. 1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 186 W. Mai	COUNTRY?	8. MARRIED		DEAD 9 BALTIMORE		
FOREIGN COUNTRY] Md. 10. CITY OR TOWN OF DEATH Westminister USUAL RESIDENCE (IF IN NURSING HOMEOR COUNTY) Md. Garro 14. FATHER'S NAME FIRST	U.S.A 1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 186 W. Mai	AL, NURSING HOME,		D NEVER MARI	9. BALTIMORE		13 19 79
Md. 10. CITY OR TOWN OF DEATH Westminister USUAL RESIDENCE (# IN NURSING HOME OR C 130. STATE 13b. COUNTY Md. 14. FATHER'S NAME FIRST	1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 186 W. Mai	L, NURSING HOME,	WIDOWE		PIED	CITY OR COUNT	
Westminister USUAL RESIDENCE (IF IN NURSING HOMEOR C) 130. STATE Md. Carro. 14. FATHER'S NAME PRST	1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 186 W. Mai	L, NURSING HOME,	***************************************	D DIVOR	CED X Carrol	11 County	7
USUAL RESIDENCE (IF IN NURSING HOME OR C 136. STATE 136. COUNTY 136. COUNTY 137. Carro	186 W. Mai	CINE CTREET ADDRESS!	, OR OTHER	R INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING		12b. KIND OF BUSII OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOMEOR OF 130. STATE 130. COUNTY Md. Carro		n Street			Labor		Trucking
Md. Carro.		SIDENCE BEFORE ADMISSIO	ON)	3d. INSIDE CITY LIMITS?			
14. FATHER'S NAME FIRST		Westminst	1.0	YES NO	0.0	Main	
				15. MOTHER'S MAIL	DEN NAME		
H. 24 TY W. 1 1 52 PA PA M. 7	MIDDLE	LAST		FIRST	nzella	Dorsey	v Carte
160. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16	SOCIAL SECURITY	Y NO. 1	17. INFORMANT		DDRESS	Jai ve
(YES, NO, OR UNKNOWN) (# YES, GIVE WA		218-32-03	25/1 7	Mag Mana	ella Carter	Westmi	inster. N
No None			2)7 11	MIS MAILE	SIIA OUI VEI	Wes cmi	APPROXIMATE IN BETWEEN ONSET A
PART I DEATH WAS CAUSED B	RY.						BETWEEN ONSET A
IMMEDIATE	CAUSE (0)	eumonia					
Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE O	OF .				
gave rise to immediate	(b)						
cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS	A CONSEQUENCE O	OF				L MAGE
	(c)						
PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMS	INAL DISEASE O	DR CONDITION GIVEN IN I	PART 1 (a).		
PART I DEATH WAS CAUSED IN PART I DEATH WAS CAUSED IN MADDIATE Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS (0) 19a. DATE OF OPERATION	Lieu contourion	N FOR WHICH OPERA	471011144	C BEREODALEDS			20. AUTOPSY?
Y IVE DATE OF OPERATION	198. CONDITION	I FOR WHICH OPER	ATION WA	S PERFORMED?			
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	AN THE CO.	HIDV	101 11-11	W 10			YES 😾
210 EXTERNAL CAUSE WAS UNDERLYING OR	116. TIME OF INJ HOUR A.M. M			W INJURY OCCURE	RED (ENTER NATURE OF INJURY II	N IIEM 18 PART 1 OR PA	RI 2)
CONTRIBUTING CAUSE OF DE		19					
UNDERLYING OR CONTRIBUTING CAUSE OF DE 71d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF II STREET, FACTORY,	NJURY (AT HOME,	21f. LOCA		CITY OR TOWN	ce	YTAUC
WHILE NOT WHILE AT WORK AT WORK							
220. I certify that I took charge	of the remains describ	ed ahave held as	Autopsy	y X, Inspect	ion . Inquiry .	and in my ar	pinian
			icide	Homicide	Undetermined manne		
death resulted fram: Natural	couses X, Acc	ndent [_], Sui	icide L.J.,	TITLE (SPECIFY)	Gradierminea manne	, —,	
ACTUAL NOVAS	to mound	all?			wet upper	DATE	ED4/14/79
SIGNATURE	and the		M.D	Assista	nt_MEDICAL EXAMINE	R SIGNE	ED4/14/17
A	nomite A I	Varall M	D.	111	Penn Street		
(TYPE OR PRINT) Marg			A.	DUKESS TTT	T CITIL DELCCE		
		102. NIAME OF CEA					
(SPECIFY)	-17-1979	23c. NAME OF CEN		CREMATORY	123d. LOCATION CHYORTOWN Thew Wind:	cou	INTY STAT

18120-27 Hard to the control of the 30-1102 200-1 / 1 alel see dol 10 % mestalinsten 1100 mest lain. THE STATE OF PERSON OF THE PER . Little, read to Little and Language and La Magazin Cally Steel Land

Burial 4/17/79 Lake View Memorial
24. FUNERAL DIRECT Poring Byers Funeral Directors P.A. 256

8728 Liberty Road, Randallstown, Md. 21133

- STATE

BP. **DHMH - 17** (VR A15 ME (5))

15M 7/76

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19 79

19 7 9

LAST

20. AUTOPSY?

COUNTY

1 Pk Sykestitle Carroll,

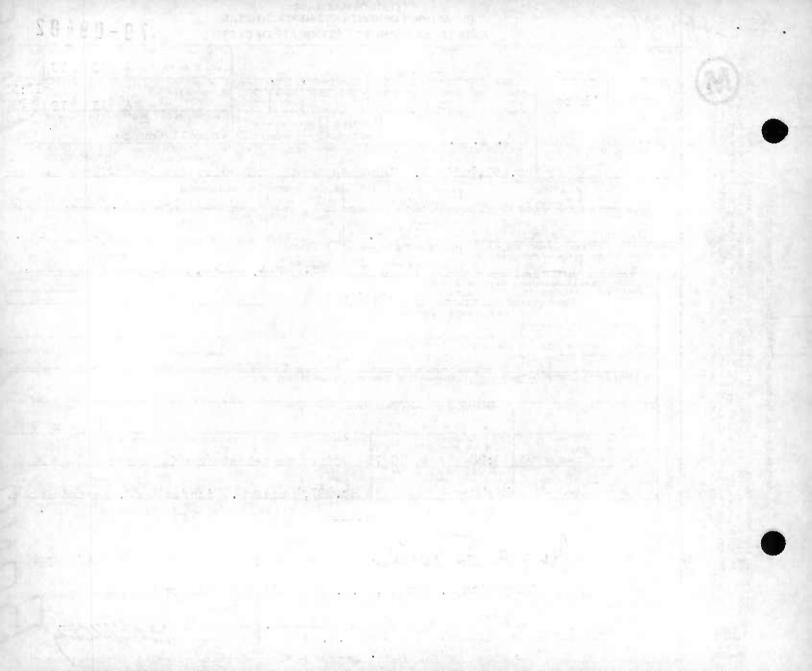
YES T NO

Md.

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BETWEEN ONSET AND DEATH

Dill



FOR

STATE OF MARYLAND

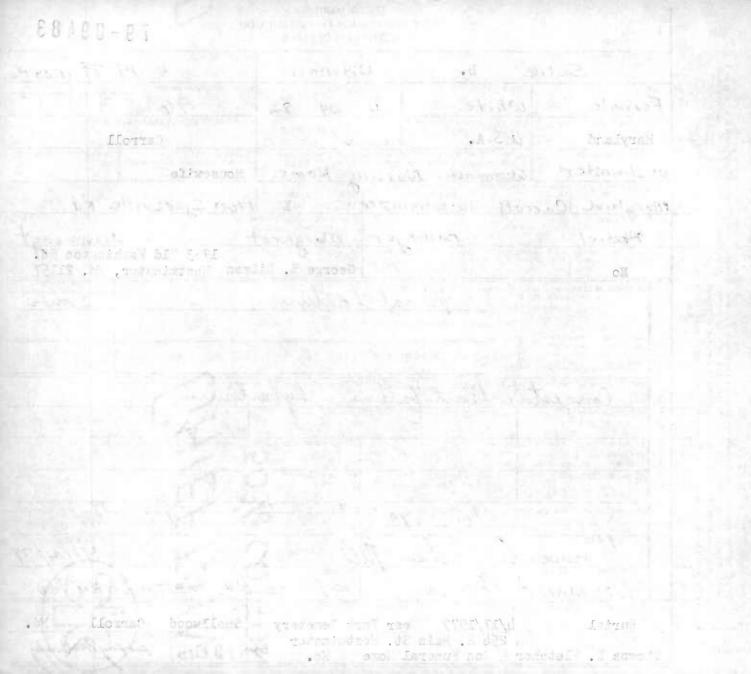
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-00183 7 0

	-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	19-	U J 4	0 3
		CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	(IIIE	Sadil Sadil	<u>э</u> В.		itman		4 14	79	1:00 PM
	3. SE)		4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		ER I YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
	F	emale	white	4	24 82	9	YRS.	DATS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O			
00		laryland	U.S.A.	WIDOWE			Carroll	MD.	
5	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		ROTHER INSTITUTION	120. USUAL OCCUPATI		KIND OF	BUSINESSOR
10	Wo	estminster	Westminster	Nursin	14 Home	Housewife		, , , , , , , , , , , , , , , , , , ,	
20	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE NTY 134 CITY O		A INSIDE CITY LIMITS?	13e STREET ADDRESS		0.1	
55	mo	11		Iminst er	YES NO X	1760 Suke	esville	Rd	
	14. FA	THER'S NAME	MIDDLE	AST	15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	,
60		Alodiel	Bol	linger	Margare	1-		TVEY	
1		VAS DECEASED EVER IN U.S. A	/F WAR OR DATES)	L SECURITY NO.	17. INFORMAND	1733°6	1d Washi	ngtor	a Roll
	, ,	No	2130	15 3847	George E. Di	tman Westm	inster,		
		18. CAUSE OF DEATH (Enter o	nly one couse per line for you	131, and (c).)	0 -0	OTHER B		APPROXIM BETWEEN O	NATE INTERVAL INSET AND DEATH
		PART I. DEATH WAS CAUS	TE CAUSE (a)	enal.	failure			21	mos
		386-	DUE TO, OR AS A CON	SEQUENCE OF					
		Conditions, if ony, which	(b)						
	7	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF					
		underlying couse lost.	(c)						
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	IG TO DEATH BUT		diameter 1	DITION GIVEN IN	PART 1(o)
	CERTIFICATION	Congest	we heart	farin	1	Munn	Took IF WEE WEED	F FINITINE	05.44057
2	FICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WASPERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING	CAUSES	OF DEATH?
Cito	RTH	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121c HOW INJURY OCCUR	YES NO	YES [2.02.03	NO 🗌
7		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	ZIE HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN STEM 18, PART 1 OF	R PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	211 LOCATION				
	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN CO	UNTY	STATE
		AT WORK — AT WORK —		. 4	20 70		1/111	19	
		220.1 certify that (1) (this hasp sow the deceased alive a	11/11/	70	nd that in (my) (our) apinion	death accurred as the d	ate and hour and	from the c	hot (1) (we) lost
		abave, (l) (we) (did) (did n	at view the body after death	7	DEC-SHE	death accorded on the di		2c. DATE S	
		1//	11-11-1	1. 17	ATTENDING N	MEDICAL STA	FF	4/	121/79
		22d. PHYSICIAN'S NAME (TYPE	~ U - 1 0 000	ser for	PHYSICIAN D	DIRECTOR PHYSIC	IAN	4/1	7/11
1		NORMAN	A. POULSEI	V	19 RIDGE	RO, WE.	TMINST	ER	Mo
	23a. B	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Υ	STATE
		Burial	4/17/1979	Deer Pa	rk Cemetery	Smallwood			Md.
		INERAL DIRECTOR STORY			stminster 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATU	Buch
	T	homas D. Fletch	ner & Son Fund	eral Home	Md.	ELEI RIVI	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



deoth. Page 4 may be

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09484

	REGISTRAR				CEKITIF	ICAIE OF	DEATH		REG. NO.		
	CEASED NAME	FIRST	A	AIDDLE	l.	AST		20. DATE OF DE	нтиом нта	DAY YEAR	2b. HOUR
11.76		SETTA	N.	M.N.	DIXO	N			April	17.1979	11:45
3 SE			RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS		IF UNDER 1 YEAR	
	Female		Negro		MONTH 5	10	1906	72	YR.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTR'	Y? 8	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
	N. Carolin	18	U.S.A		WIDOWE		ONORCED	CARE	ROLL CO.		M
10 C	TY OR TOWN OF DEA			OSPITAL, NURS		OR OTHER IN	STITUTION	12a. USUAL OC	CUPATION R MOST OF WORKIN		OF BUSINESS OF
	SYKESVILLE	1		H FACILITY, GIVE STRE		L CENT	ER		y worke		
	AL RESIDENCE (# NURSI					A 124 INICIDE	CITY LIMITS?	13e. STREET AD	DDESS		
	Maryland	Carr	m m	Baltin		YES T	NO []		Mechen	Street	
14. F/	THER'S NAME					15. MOTHE	R'S MAIDEN NA		AIDDLE		
	John First	MI	DOLE	strayhor	m	I N	ary	^	UDDLE	Stravi	norn
16a \	VAS DECEASED EVER I	N U.S. ARM	ED FORCES?	16b. SOCIAL SE		17. INFORA			ADDRESS		
5	Ves, no or unknown)	(IF YES, GIVE V	VAR OR DATES)	239-12-	971LD	Medi	cal Rec	ords			
	18. CAUSE OF DEATH	L (Enter only	DOS COUSS DES							APPRO	XIMATE INTERVAL
	PART I. DE ATH WA	AS CAUSED	BY:	THEOR	URAS	11 6	I (FRI	FBRAI	ARTE	RY	yonthe
	A make	IMMEDIATE	CAUSE (o)	11/201	100-	1	1 -41			-	,
1	2500	DUE TO, OR AS A CONSEQUENCE OF							I AR IN	REALE 6	Vone
	Conditions, if any,		(b)_	TRIENTO	TOLL	2/11	ANI	2 NYDCA	-11/1	2010	12003
	couse (o), stating underlying couse		DUE TO, O	RAS A CONSEC	UENCE OF	- 11	DIT	110		lun	Know
			(c)	1/1715	ELE	5 19	an I	9			(()
7	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING T	O DE ATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEASE C	R CONDITION	GIVEN IN PART I	(0)
Ì₽	(1) DE	43	195	91	-CEK	2	170	CIVIA		MEG WEBE EILID	NIOC LISCO
CERTIFICATION	190. DATE OF OPERAT	ION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERI	ORMED	200 AUTOPS		YES, WERE FIND RTIFYING CAUSE	
E			-						10 🛛	YES 🗌	NO 🗆
1	210. ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	18, PART 1 OR PART 21	
₹	OR CONTRIBUTING C		"	M.	19						
MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE			211. LOCA		CI	TY OR TOWN	COUNTY	STATE
Σ	WHILE NOT WH	ILE 🗆	JAT HOME, STI	REET, FACTORY, OFFIC	E, FARM, ETC.	JIKE		a Arma		70	3,,,,,
J.	22s.I certify that (I)	_	Dattended th	e deceased from	DEC	. 6	10//	10-11	16 17	19/	, that (t) (we) la
133	sow the decease	d olive on	APRIL	- 17 10		nd that in (m	y) (our opinion	death occurred o	on the date and	hour and from th	e couses stoted
	obove, (I)((we))(d	id) (did not)	view the body	ofter death.	7	DEGREE					E SIGNED
	med .	1013	031	(Tim	mil	1117	ATTENDING	MEDICAL	STAFF	1 4-	17-70
	204 OHYSICIANISAI	45		MI	JWA	122+ ADDR		DIRECTOR	PHYSICIANIA		
	MY U NI	-KI	PRINT	174.1	40	CAXI	36:08	dots	5P do	l Con	tor
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	t. NAME OF	EMETERY O	ROMEMATORY	23d. LOCATH	JNC NWN	COUNTY	STATE
	REMOVAL		4-18-	79	SOUTH	VIEW		KINSS		NORT	

140/ BP_____

O HOSPITAL OR ATTENDING PHYSICIAN: The

VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremotion, or removal.

24 FUNERAL DIRECTOR
NAME
ARLINGTON S. PHILLIPS 172

ADDRESS

MONROE ST

1 8 1979

KINSSION NORTH CAROLLI

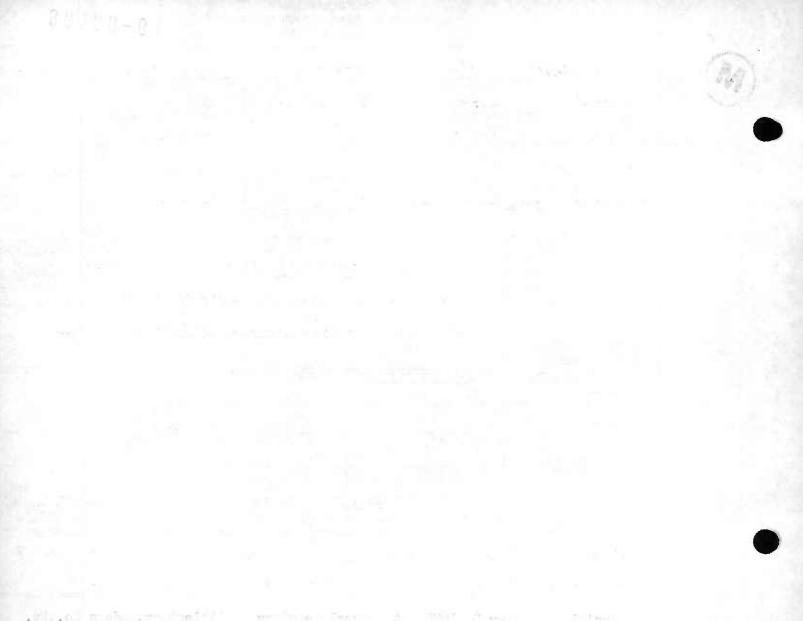
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

¥8780-8. shooped Sepicali such Manager

STATE OF MARYLAND

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- Antonio			.3.1	
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	C. Parent		Sinter Male	shear In . III
10222	192		45/174	·· present.
			the state of the Lot Labor.	10
	suspendi malicon	in the Country of		
	Le u) (I	
retetel				
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STATE OF MARYLAND 79-19486 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH DECEASED NAME (TYPE OR PRINT) MERVIN FEESER AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3. SEX 1891 BALTIMORE CITY OR COUNTY OF DEATH OF WHAT COUNTRY? ISTATE OR FOREIGN MARRIED - NEVER MARRIED COUNTRY CARROLL COUNTY MARYLAN) WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANEYTOWN FRENING. FARRER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13e STREET ADDRESS 72 YORK ST. TANEYTOWN 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LUELLA EECER WILLIA In WAS DECEASED EVER IN U.S. ARMED FORCES JELMAR HAROLD FEESER TADEXTOWN, md. (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY MINUTES MYOCARD IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF RTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gove rise to immediate couse (a), stating the DUF TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20h JE YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 3 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that 10 (this hospital) attended the deceased from. sow the deceased alive on ______ above (1) (we) aid (did not) view the body after death (our) opinion death occurred on the date and hour and from the couses stated and that in my 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL should be detoo PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS TANEYTOWN 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL (SPECIFY) Littlestown, Adams Co., Pa. Mt. Carmel Cemetery Burial BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Taneutown, Maryland Skiles Funeral Home, 136 E. Balto.St. 250. DATE REC'D. DHMH - 16 60M 1/75 (VR A 15 (4))



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STATE OF MARYLAND 79-09487 DEPARTMENT OF HEALTH AND MENTAL HYGIENE -- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) FORD APRIL SO 979 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH HOURS Male Nov. 20. White 1893 16 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Carroll County WIDOWED DIVORCED 12b. KIND OF BUSINESS OR 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll County Gen. Hosp. Westminster Ret. Police B&O R.R. USUAL RESIDENCE (IF NURSING HOMPOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 8502 Pleasant Plains Road Towson 13d INSIDE CITY LIMITS? Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Ford Tennie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) 705 07 8016 Dakay H. Ford Balto., Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ACUTE CONGESTIVE HEART FALURE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. NATORUS CLODOTIC CARDIOUNSCULAR DISTAS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS. CERTIFICATION METHSTATIC CARCINOMA OF THE PROSTATE 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? entol Hygiene NO Hem 18 sh 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from _______) And CAR -IZPRIL APRIL 30 19 29, and that I (my) our) opinion death accurred on the date and hour and from the causes stated above (1) (Me) (Mid I did nat) view the body after death. 22b. SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PUT) 22e ADDRESS 215 WASHINGTON HOTS MODETR HOWARD G. CANHAM MD 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN STATE Entombment Dulaney Valley Baltimore County. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAS SUPPLY OF THE PROPERTY OF THE PRO Henry W. Jenkins & Sons Co. DHMH - 16 50M 1/76 21212 4905 York Road Balto., Md. (VR A 15 (4))

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STATE OF MARYLAND

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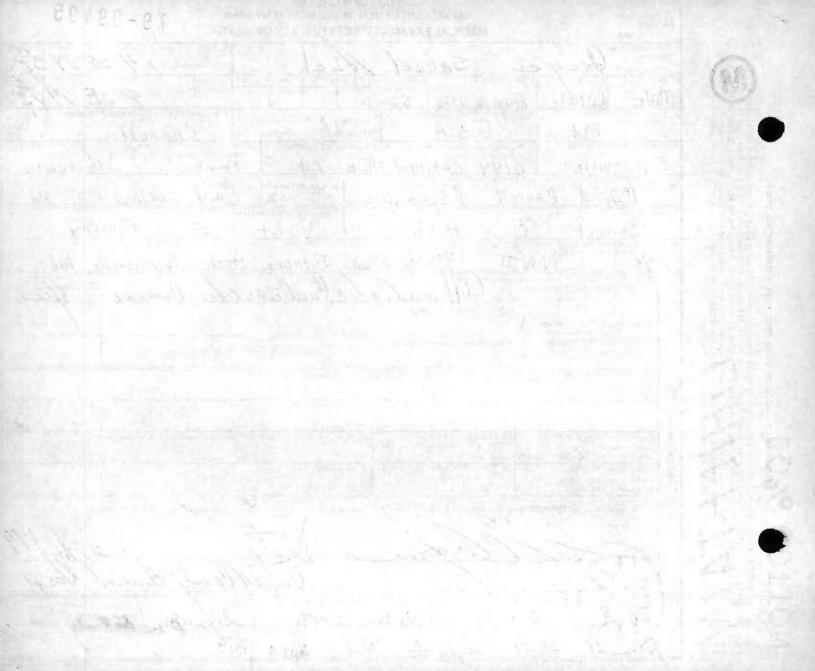
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STATE OF MARYLAND 79-09494 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Margaret B. Hoover 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR MONTH DAYS HOURS Female White Oct. 1902 **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Carroll County Carolina WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 1), NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TUSTODIAN School Westminaster County General BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Pretty Boy 13d INSIDE CITY LIMITS? Baltimore arkton Maryland Dam Road 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME and 2 s Emmet. MIDDLE Buchanan nnie Armacost 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Road NYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 220-22-7922 Burnette Lang, Parkton, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: INSUFFICIENCY VASCULAR 2 DAYS IMMEDIATE CAUSE (D)_ DUE TO OR AS A CONSEQUENCE OF INFARCTION MUDERREDIAL Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION CEREBRAL CONCUSSION PNEUMONITIS 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO NO [Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body offer death. 22b. SIGNATURE DEGREE 22c. DATE/SIGNED MD ATTENDING MPORTANT: IF uld be deta the State I PHYSICIAN DIRECTOR PHYSICIAN 278 PHYSICIAN'S NAME ITYPE OF PRINT l County General nister, Maryland Hospital Vincent Fiocco 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY (SPECIFY) 7-1970 Carmel Cemetery Burial Parkton Balto Marylan PAR 256 RESTSTRAP'S 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) ew Freedom. Penna.

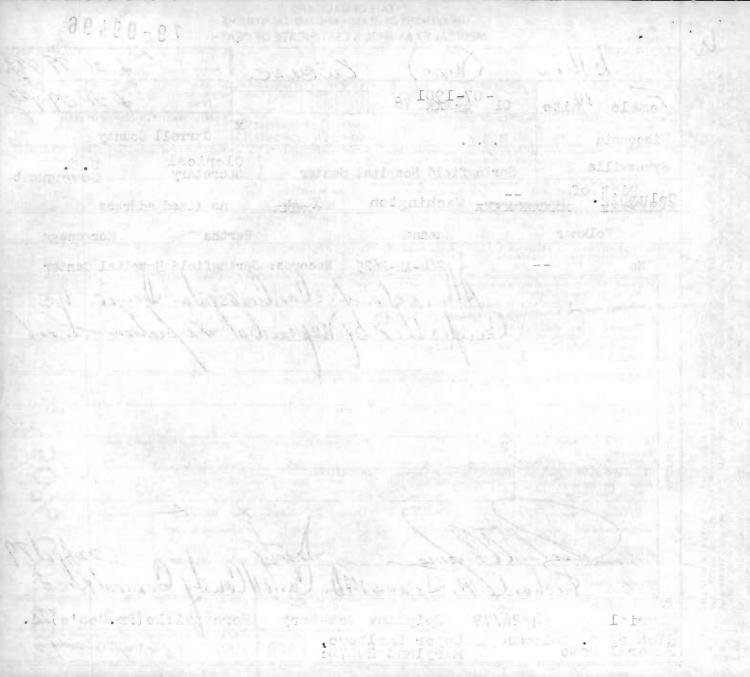
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED Decros 6. AGE (IN YEARS IF UNDER 1 YR. TIF UNDER 24 HRS. 4. RACE 5. DATE OF BIRTH 20. DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED 3 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH FOR OST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Contractor IRM PM 3. RETAIN PA 3. RETAIN PA USUAL PESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LARRO ! 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 16b. SOCIAL SECURITY NO. INFORMAN ADDRESS WITH FOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) GIVE WAR OR DATEST APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per Inex) (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OR REMOVAL IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND E USED AS A BURI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ORWARDED TO THE CHIEF R. PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF 1 YES] NO 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY DIRECTOR: PAC WITH THE STATE Inspection 17s. I certify that I took charge of the symains described above, held on Autopsy ond in my opinion MARYLAND, death resulted from Hamidide **Ondetermined** manner TITLE ACTUAL DATE TO MEDICAL E.
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TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA. SIGNED EXAMINER'S NAME TYPE OR PRINT ADDRESS. NAME OF CEMETERY OR CREMATORY TIE BURIAL CREMATION REMOVAL TIE DATE BP_ 24. FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR **DHMH-17** ADDRESS (VR A15 ME (5)) 15M 7/77



7,9,09496 **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-OF FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, HONE DEATH MATED S. DATE OF BIR 4. RACE AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 24. DATE 79 159 (1 LAST BIRTHDAY) PRONOUNCED hite DEAD emale 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Carroll County WIDOWED DIVORCED FILED, W Wisconsin 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Olericale U.S. DUSTRY Sykesville Springfield Hospital Center secretary Governmnt USUAL RESIDENCE IF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Vashington no fixed address 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE AND Volkmar Kuenne Bertha Morgenegg 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) HEYES GIVE WAR OR DATES No Records: Springfield Howspital Center 18. CAUSE OF DEATH (Enter only one couse per BURIAL-TRANSIT PERMIT. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OR REMOVA Conditions, if any, which RVALO gave rise to immediate couse (o) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying couse last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO DIVISION OF VITAL RECORDS. CERTIFICATION USED OF HEA 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BENDER OF PRICE TO BURE OF PRICE TO BURIAL, O YES [21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR TO MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK STATE (AGE 4 SHOULD BE FORW D FUNERAL DIRECTOR: P FTER DEATH, WITH THE SI ALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the s is described above, help Autopsy Inspection and in my opinion death regulted from Indetermined manner TITLE EXAMINER'S NAME (TYPE OR PRINT) PAFT BAI 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Forestville (Pr.Geo's)Md. 4/26/79 Epiphany Cemetery BP 256. REGISTRAR'S SIGNATURE Coleman ADDRESS Upper Marlboro, Maryland 20870: **DHMH-17** (VR A15 ME (5)) Funeral 15M7/77

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR (TYPE OR PRINT) LITTLE DEATH MATED ALLEN L. 29 HG 0 A AGE (IN YEARS IF UNDER 24 HRS 4 RACE DATE SEX LAST BIRTHDAY PRONOUNCED 10 79 Ma le White DEAD PM DEC. 22 1954 2 KYRS Th. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Carroll County DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS of Westminister .05mi. north Most of Working Life | TORWITCHE OR INDUSTRY IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 13a. STATE 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE -274 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
Cervical injuries BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 20. AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X BURIAL, NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 EXTERNAL CAUSE WAS driver in auto/fixed object impact UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY Rt:#27 S. of Westminister Westminister, Md. highway RM, ETC. WHILE AT WORK THE 05 mi North and in my apinian 22a. I certify that I took charge of the remains described above, held an Accident X Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) 4/4/79 Assistant Margarita A. Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME **DHMH-17** (VR A15 ME (5)) 15M 7/76

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TITLE (SPECIFY)			(max)	mul	M,	Deputy (MEDICAL EXAMINER	SIGNED	4/6//9
TITLE (SPECIFY) Deputy Chief DATE 4/6/79		- 21		The state of the s					
TITLE (SPECIFY) M.D. Deputy Chief SIGNED 4/6/79 JEXAMINER'S NAME Thomas D. Smith M.D.		EXAMINER'S NAME T	homae D	mith M D			111 Des	am Chana	a da
TITLE (SPECIFY) Deputy Chief M.D. Deputy Chief MEDICAL EXAMINER DATE SIGNED 4/6/79 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn Street		EXAMINER'S NAME (TYPE OR PRINT)						nn Stree	et
Deputy Chief Deputy Chief SIGNED 4/6/79 EXAMINER'S NAME Thomas D. Smith M.D. 111 Ropp Street	23a. E	EXAMINER'S NAME TO (TYPE OR PRINT) BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME C	OF CEMETERY OF	CREMATORY	236. LOCATION	COUNT	Y STATE

W. B. C. S. S.

X		1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	1. 5	99
φ			CEASED NAME MARINT	ite Pauline	LAST		AY YEAR 26 HOUR
3 p			Margure		uellenschlader	6 AGE (IN YEARS LAST BIRTHDAY)	S-19 1945AT
£ 8	W	3. SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 8 13 00	M	ONTHS DAYS HOURS MIN
Page			Female	White		78 _{YRS}	
	ond	7a Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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NND 2120	o o	USU/ 13a. S	TATE 136 CAU	100-11 111 11	/N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1 and
within letely f	ner 1	14. FA	THER'S NAME	TKKOII I WOOD DII	15 MOTHER'S MAIDEN NA	AME	27/12.
RE, MAR?	ex ex		FIRST	CASE	CORA		All LAST
ORE,	G O	16a. V	AS DECEASED EVER IN U.S. AF	VE WAR OR GATES)		ADDRESS	
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W. PRESTON ST., BAI or the death certificate by the attending physici	preuse remove caroun papers orial, cremation, or removal , or other fraumatic event, the		PART I. DE ATH WAS CAUSI	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL TO THE	to physicard ence of the output the or the or the or the or the or the orthogonal transfer of the output the orthogonal transfer or the orthogonal transfer	id injurction	BETWEEN ONSET AND DEATH FOR THE PROPERTY OF T
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AL RECC	ows any i	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
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IVISION OF VITA	olth and Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pital pi	of He 21 is		saw the deceased alive as	n 19 19 at 19 19 19 19 19 19 19 19 19 19 19 19 19	7 9, and that in (my) tower apinian	death accurred an the date and haur	9 19 , that (I) (we) last and from the causes stated
OR Pe h	e State Dept.	-	Olivar	redu maga		DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL	with the State		CHITRACHE	EDY NASA	NNA 174E.M	lain st. west	mineter HP 7
BP	s > 5	23a_E	URIAL, CREMATION, REMOVAL	L 23b. DATE 23c. 4-28-79	NAME OF CEMETERY OR CREMATORY	Sylasville C	weetla md.
DHMH - 16 50/ (VR A 15 (4		24 FU	Harry W H	right Sykiwill	md. AP	R 30 1979	y Madrusdy

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	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	7 9 - 0 1	9500
All I		CEASED NAME FIRST	WIGGLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
en la i		NAOMI	MAE	MULLER	april 18	1779 125 M
K Z	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	F	emale	White	May 3, 1913	65	rrs. 11 15 Hours MIN
931	5 M	irthplace (state or foreign ountry) aryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	* MARRIED * NEVER MARRIED * WIDOWED * DIVORCED *	Carroll C	
Stiffied (W	estminster	Carroll Co.G	it address) eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	12b. KIND OF BUSINESS OR INDUSTRY
ed sust be	130.	STATE 136 COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY [13c. CITY OR TOY Westmi:	WN 13d INSIDE CITY LIMITS?	3060 Nico	demus Rd.
o Comine		ATHER'S NAME Charles	MIDOLE Staub	15. MOTHER'S MAIDEN NA EIRST Ethel		Smith
/ medicol	16a	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR GATES)	urity No. 17 INFORMANT -8106 William M.	Muller, Sa	me As #13
shows ony injury, or other troumotic	CERTIFICATION	A	ema	JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
r Item 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
ed pa	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
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IT: If Item		22b. SIGNATURE	S. Harring	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN [224. DATE SIGNED 4/18/29
IMPORTANT:		22d. PHYSICIAM'S NAME (TYPE C	S. /JARSAK	V mp 22e. ADDRESS	T. Westminst	ta med. 21157
≥	23a.	Burial, cremation, removal Burial	23b. DATE 4-21-1979 23c	NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d LOCATION CITY OR TOWN	COUNTY STATE
1/76		UNERAL DIRECTOR	rier, Jr., Syke	25a. DÃ1	E REC'D. BY REGISTRAR 256. RI	

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im		1	STATE OF MARYLAND	
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	H. IF ANY DELAY IS N. 2, AND 3 TO THE N. 3. RETAIN PAGE 2 SHOULD BE FILED MAL RECORDS, 301 W.	10. CI	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b. KIN	ID OF BUSINESS
	A PACE SOO	11	VESTMINSTER 422 RIGHE TRANSFORMERS FORMOST OF WORKING LIFE)	(I A No
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3	Z SHAND A	13a. S	STATE 136 COUNTY , 13c CITY OF TOWN 1 13d INSIDE CITY LIMITS? 13e STREET ADDRESS	1
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9	SATH. II S.11, 2, P.M. 3. VITAL	14. F/	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST LAST	AST
	DEA PL		SEAPOLE MYYERS CARRIE ROBERTSON	
Š	FTER DEATH FORM PM FS 1 AND ON OF VIT	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	BALIMORE, JURS AFTER DE B. GIVE PAGE: WITH FORM DIVISION OF	11	(YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-36-3032 HERMAN V THYERS WESTM	inten bu
	RS GIVIENTE PAGE	=	111111111111111111111111111111111111111	MOXIMATE INTERVAL
			III. CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY.	ZEN ONSET AND DEATH
	24 HOU TIEM 18 LONG PERMIT.		1459 IMMEDIATE CAUSE (a) CONCLUSIONE CHICAGO CONTENT	915
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2	ARDED GE 3 S	1 2	WHILE NOT WHILE STREET STREET CITY OF TOWN COUNTY	STATE
No.	WRIT WARD WARD WAGE TATE		AT WORK AT WORK	
	E SI		22s. I certify that look charge of the remains described above, held an Augrosy	
	N O T D E E		death resulted from: Natural Guire Acquirit Suide Hanicide Indetermined manner	
	AN BELLEN			1 4
	X U D D D A		ACTUAL DATE 7	5 Kov. 110
	RAL		SIGNATURE M.D. MEDICAL EXAMINER SIGNED	1 1111 1
	MEDICA UTE TI UNER UNER R DEA	-	EXAMINER'S NAME	/
	SECUL SECUL		(TYPE OR PRINT)ADDRESS	W 11 14-
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FO TO FUNERCTOR AFTER DEATH, WITH THE BATTEMBER MARKET DE	230.B	BURIAL, CREMATION, REMOVAL 230. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	CTA
	BP	1	BURIAL 4-26-79 St. Johns Westminsten CARROLL	md
	DHMH - 17	24. FI	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATU	JRE
	(VR A15 ME (5))		Robert Kyl Pretty or ADD Estiminates, Met 100 27 1070 Piter Sea	1 ,
	15M7/77		APR 27 1970 Feiter Me	Made

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STATE OF MARYLAND 79-09502 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) Pettitt Apr 26, 1979 11:30RM Emma May 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX DAYS Jan 13, 1889 Female White 90 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Carroll Co. Virginia USA WIDOWED 12s LISUAL OCCUPATION 12h KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Carroll Co Hospital Homemaker Westminster BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1715 S Oakland St. Arlington Arlington 13d. INSIDE CITY LIMITS? Virginia 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Lillie MIDDLE Harrison Raymond Washburn ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 6g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 226 42 8309 Leonard W. Pettitt See #13 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: SEPTICEMIA. IMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE OF INFECTED DECUBITUS ULCERS Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 INFECTED DISLOCATED LEFT HIP PROSTUESIS 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 18 shows NO I YES [71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 19 211. LOCATION Te PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from... saw the deceased plive on APRIL 26 obove, (1) (wa) (did) (did not) view the body ofter death. and that in (my) (and apinian death accurred on the date and haur and from the causes stated TO FUNERAL DIRECT should be detached f with the State Dept. o 22c DATE SIGNED DEGREE 22h SIGNATURE APRIL 26 1979 MT + PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT. 22e. ADDRESS 22d_PHYSICIAN'S NAME (TYPE OR PRINT 216 WASHINGTON HEIGHTS, WESTMINSTER, MDI H. WOODWARD 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Fairfax, Va. 4/30/79 Fairfax Cemetery Burial ADDRESS 10565 Main St 250. D'ATE REC'D. BY REGISTRAR 256. BY GISTRAR STATE ADDRESS 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Fairfax. Va Everly Funeral Home

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Y			FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 7 S	9-09503
	eo#3		1. DECEASED NAME FIRST V	In CALVIN	Ramsburg	APTI I	4 79 10 PM
	(A)	1	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 9	6. AGE (IN YEARS LAST BIRTHOAY) 6 9 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0	W	35	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD.	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED W	9. BALTIMORE CITY OR COUNTY Carroll	Y OF DEATH
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AND 212	filled in ould be	135	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COL			130. STREET ADDRESS 1330 Crouses	Mill Rd.
MARYL	mpletely and 2 st	and Cal	Samuel	MIDDLE RAMSE	15. MOTHER'S MAIDEN NA. FIRST FIRST	WIDOLE	Shley
IMORE,	o u	medical /	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES!	-7105 WALTER F, RAM.	SBURG, TANEYTOU	130 MIN RD Val MD, 21787
T., BALT	physicio onpapers emovot.	event, the	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), on SED BY ATE CAUSE (o)	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON S	attending	aumatic	2041 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	re lumphous	tre leubening	P
W. PRI	by the cose remo	r other tre	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF		
RDS, 20	n signed Then ple	injury, a	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION GIV	PART 1(0)
0	bee prid	ony	5 190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED

216 TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION

CITY OR TOWN

NO

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

that (1) (we) last

NO [

22a.1 certify that (1) (this hospital) attended the sow the deceased alive on

ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN

YES 🗌

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

22c DATE SIGNED

AT WORK

LSEN

22e ADDRES

YES [

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

21d INJURY OCCURRED

23b. DATE

BP. (VR A 15 (4))

should be detached for use as the bunal-transit pe with the State Dept. of Health and Mental Hygiene

marked or frem 18 show

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate ho

etained by the hospital or attending physician

OR ATTENDING PHYSICIAN: The

O HOSPITAL

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77

CERTIFI

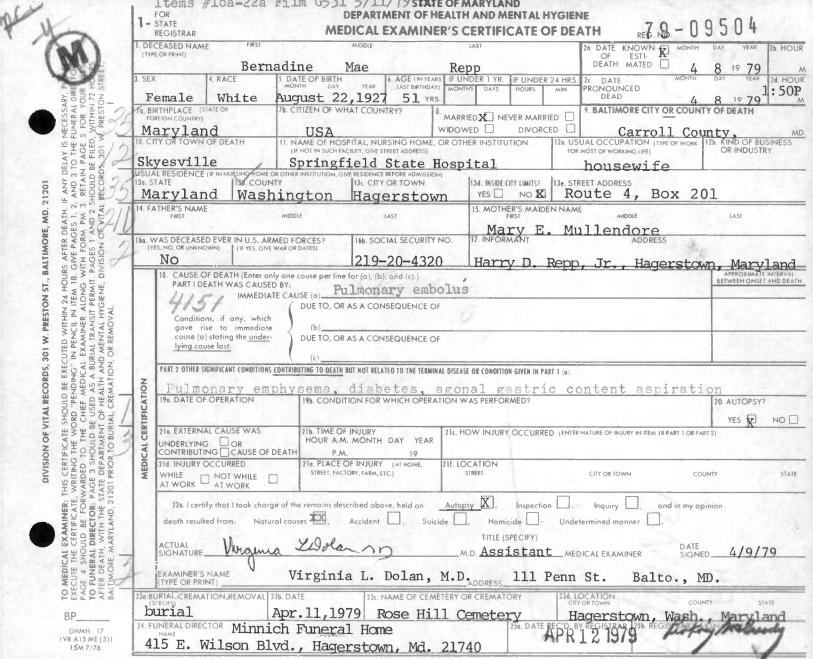
MEDICAL

23c. NAME OF CEMETERY OR CREMATORY CEMETERY

DEGREE

23d. LOCATION

CARRO 1/



	1			STATE OF MARYLAND		
X	1	FOR - STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	7 9 - 1	09505
noy be poge 3		ECEASED NAME PE OR PRINT) FIRST PURCH PE OR PRINT)	ISABELLE	Pupp	20. DATE OF DEATH MONTH D	19 49 26. HOURS
4	3. S	+ Face		ATE OF BIATH ONT YEAR 5		IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
deoth. Poge	35 R	country) Transfant	NA WIE	ARRIED NEVER MARRIED OWED DIVORCED	BALTIMORE CITY OR COUNTY	ounter MD.
after the f	90 6	Jestminste West	AE OF HOSPITAL, NURSING HO OT IN SUCH FACILITY, GIVE STREET ADDRES	Carrol Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF HUSINESS OR INDUSTRY Service
AND 212 n 24 hou novid be	35 130	JAL RESIDENCE (IF NURSING HOME OR OTHER INS	holl 13 CITY OR TOWN U	YES NO B	130. STREET ADDRESS BOLLIN	ger Rd
uted within to and 2 should be sominer		ATHER'S NAME FIRST William MIDOLE	Ruley	15. MOTHER'S MAIDEN NAME PRIST	Tsabel .	Gore
be execut on and cars. Pages 1	1 160	WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D.		NO. 17 INFORMANT Soen Kank Soen	cer Westminst	m.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physicion. The control of the premit is a signed by the ottending physicion and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in hond Mental Hygiene priar to buriol, cremotion, ar removal. Onced or them 18 shows any injury, or other troumatic event, the medical exeminer must be no		Conditions, if ony, which gove rise to immediate	0	athereder	mousparevag	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DRDS, 201 requires the signed it. Then ples or to burio.	NOI	PART 2. OTHER SIGNIFICANT CONDITION				
TALRECOR	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPER		YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
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DIVISION C DING PHYSIC or aftending After this cer e os the burio olth and Ment marked or Itel	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. (AT H	PLACE OF INJURY IOME, STREET, FACTORY, OFFICE, FARM, E		CITY OR TOWN	COUNTY STATE
TEND ortol or TOR: A or use of Heol		27a I certify that (I) (this haspital) after sow the deceased alive an above, (I) (we) (did) (did corrected the source)	il/8, 19 39	_, and that in (my) (our) opinion	death accurred on the date and hour	and from the couses stated
OR he he he horoche oche		22b. SIGNATURE	eroky wo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 4/19/59
TO HOSPITAL TO FUNERAL should be der with the State	1	SOLYN S. / di	PRENEY MD.	8 auchon,	St. Waterinit	= Jul. 21157
BP	230	BURIAL CREMATION, REMOVAL 23b. D. (SPECIFIC AF)	21-79 All	SAINTS CEM.	Keisterstown	Baltimore Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24	FUNEBA DIRECTOR	OUL ALSS M	IK M/ APR	EREC'D. BY REGISTRAR IN A GESTI 23 1979	TAR TURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-095 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 4 RACE A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH DAY YEAR DAYS HOURS 1895 83 10 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWED DIVORCED Carroll Co. nolified at 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sykesville Springfield Hospital Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
136. COUNTY 138. CITY OR TOWN 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Baltimore 2200 Park Avenue YES X NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Wright Louis Elizabeth Boss ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 16n WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-01-7402 Medical Records-Springfield Hosp. Center No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A othe underlying couse lost. 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO T YES [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (his hospital) attended the deceased from sow the deceased alive on APRIL (our) opinion death occurred on the date and hour and from the causes stated and that in (my) above, (liffwe) (did) (did not) view the body after death, 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TYPE OR PRINTS 22e. ADDRESS shoul with 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY Burial COUNTY Baltimore, Malate 5/1/79 Mt. Auburn Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA PASS REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 Wm. C. March F/h 1101 E. North Ave. (VR A 15 (4)) 111

3071 - 21

STATE OF MARYLAND 79-09507 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR ITYPE OR PRINT) 5:10 ORRAIDA 10 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINIOER 24 MPS MONTH YEAR HOURS 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED | IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120. USUAL OCCUPATION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Ploa NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIOOLE ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 5 minter PRESTON ST. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? shows NON YES | NO I Mentol Hygie 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER) 19 0 21d. INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. STATE 7 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on abave, (I) (we) (did) (did not) view the bady ofter death. 21 and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated 126 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be detac PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS WILFRED H. TOWNSHEND 0 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))

10330-21 THE LETTER LAND

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			CEASED NAME	MI	DDLE	LAST	20. DATE KNO		DAY YEAR THE HEALTH
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	2000	F	= mil- lillite	July 29 19	YEAR (AST BIRTHOAY) M	ONTHS DAYS HOURS	MIN. PRONOUNCED DE AD	4 2	22,794
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-	世里 35	FC	REIGN COUNTRY)	1151		RRIED I NEVER MARRIE		11	
	2 m G	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME, OR O		120. USUAL OCCUPATIO	N (TYPE OF WORK 12	MD. KIND OF BUSINESS
	AY THE OO	1.	1-+ +	(IF NOT IN SUCH FACILITY		DI	FOR MOST OF WORKING LI		OR INDUSTRY
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m,	FTER DEATH. IF E PAGES 1, 2, FORM PM 3. ES 1 AND 2 SH ON OF VITAL R		FREdERICK	-	RIESE	70	A	Cumm	17195
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IST.,	RAN ING		PART I DEATH WAS CAUSEI	D BY: TE CAUSE (a)	hevoselen	atic Cou	deo Vascal	ackers.	ce 165
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DIVISION OF VITAL	INER: THIS CERTIFICATE SHOU ICATE, WRITING THE WORD " IF FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USI THE STATE DEPARTMENT OF ND, 21201 PRIOR TO BURRIAL, C	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY 21	. HOW INJURY OCCURRED	D TENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART	
ō	THE ATTHE AT	ILC	UNDERLYING OR	HOUR A.M. M	ONTH DAY YEAR	The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		"
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	L EXAMINER: E CERTIFICATE DUID BE FOR H, WITH THE S MARYLAND, 2]		death syluited from Noty	alconin 2 15	Suicide	Homicide .	/Undetermined manner		
1	EXAMI CERTIF JID BE DIRECT WITH ARYLAL		1	1///	X/	TITLE RPECIFY)			1/10
	CAL EXAMINER THE CERTIFICAT SHOULD BE FO FRAL DIRECTOR: SATH, WITH THE RE, MARYLAND, 3		SIGNATORE	adel	Jene	M.D. Delets	MEDICAL EXAMINER	DATE SIGNED	23/4/1/
	MEDIC CUTE THE SE 4 SH FUNER FUNER TIMORE			/		17			"/
	TO MEDICAL EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA		EXAMINER'S NAME (TYPE OR PRINT)			ADDRESS			
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	BP	1	SURIAL	4-25-79	Westmin	STER	Westminste	RA CAPIB	11 Md
	DHMH - 17	24. F	INERAL DIRECTOR	AL O ADDRESS		250. DATE R	REC'D. BY REGISTRAR	A 5 12 8 A 5 7 9 P	OBUSSAY
	(VR A15 ME (5)) 15M 7/77	Or	overst Myle Pre	[4. 4. W	/estimination	met APR	6/6/19/9	//	/

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STATE OF MARYLAND

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Thomas D. Fletcher & Son Funeral Home

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND 79-09512 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME 26. HOUR (TYPE OR PRINT) ane Edna m. 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS SEX RACE YEAR MONTHS DAYS HOURS MONTH 9/1903 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED Maryland U.S.A. C arroll County WIDOWED TO DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR LE NOT IN SUCH FACILITY, GIVE STREET ADDRESS).
Westminister Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE)
Home Maker INDUSTRY Westminister USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary land 13d INSIDE CITY LIMITS? Balto. 131_CITY OR TOWN 13e. STREET ADDRESS 4410 Groveland Avenue Balto. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME John Henry McGrath Sally Frances Bailey 17. INFORMANT Mr. Milton ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, In WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21048 3130 Slasmans Road Finksburg, Md. 212-09-1271D APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOA YES [burial-transit p | Mental Hygien 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INTURY OCCURRED 21e PLACE OF INIURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on _____ above, (I) (we) (did) (did not) view the body after death ... and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226 SAGMATURE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN should be detained by with the State [PHYSICIAN 220 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRES 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN (SPECIFY Buria 1 4/20/79 Green Lawn Cem Cambridge Dorchester Loring Byers Flungual Directors, P. A. PATERECO DHMH - 16 50M 7/77 (VR A 15 (4)) 8728 Liberty Road Randallstown, Md. 21133

